

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 MAY 16 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005113 (6)

1. Corporation Name

COMMUNITY REGIONAL BLOOD CENTER FOUNDATION, INC.

Principal Place of Business

Mailing Address

445 31ST STREET NORTH
ST. PETERSBURG FL 33713445 31ST STREET NORTH
ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3208334

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status☒\$68.75 Supplemental
Fee Not Required8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OWENS, ELIZABETH
445 31ST STREET NORTH
ST. PETERSBURG FL 33713

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Elizabeth Owens, Administrator

Elizabeth Owens

5/1/95

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent Signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	ALLEN, MARY W
STREET ADDRESS	4001 ALABAMA AVE NE
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	VP
NAME	HEARN, JEFFREY K
STREET ADDRESS	1 PROGRESS PLZ, S165
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	D
NAME	PEEL, JOHN W
STREET ADDRESS	500 94 AVE N
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	S
NAME	STILES, CHRISTOPHER S
STREET ADDRESS	2401 25 ST N
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	T
NAME	WILLIAMS, DIANNA
STREET ADDRESS	PO BOX 1121
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	D
NAME	DODDRIDGE, DONALD D
STREET ADDRESS	445 31 ST N
CITY - ST - ZIP	ST PETERSBURG FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	VP HEARN, JEFREY K.
2.3 STREET ADDRESS	resignation no replacement
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald D. Doddridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

DONALD D. DODDRIDGE

5/1/95 813)327-0168

Date

Daytime Phone #